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CONFIRMATION NO. 5027

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/921,008	<b>FILING OR 371(c) DATE</b> 08/02/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 6683.47US11
<b>APPLICANTS</b> Daniel G. Schmiel, Edina, MN; Rodney L. Houfburg, Prior Lake, MN; Daniel D. McPhillips, Ham Lake, MN; William C. Welch, Sewickley Heights, PA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/630,793 08/02/2000 PAT 6,626,905				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/08/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 66
<b>INDEPENDENT CLAIMS</b> 12				
<b>ADDRESS</b> 43541				
<b>TITLE</b> Posterior oblique lumbar arthrodesis				
<b>FILING FEE RECEIVED</b> 6254	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	